



Children's Division Case Management Staff Annual Survey Report 2023

January 1, 2023 – December 31, 2023

Introduction

On June 17, 2017, The Department of Social Services, Children's Division became involved in litigation regarding the use of psychotropic medication and children/youth in foster care. Children's Division collaborated with several public agencies to further address the needs of children/youth on psychotropic medication while in the custody of Children's Division. Those best practice protocols were included in a [Joint Settlement Agreement](#) (Agreement), along with data measures.

On December 5, 2019, United States District Judge Nanette Laughrey entered an order granting final approval of the class action settlement. The court retained jurisdiction of the Agreement for the purposes of enforcing the terms of the Agreement.

Requirements of Annual Surveys: Per the Agreement, Children's Division is required to maintain sufficient Case Management Staff, subject to state budget, appropriations and the authority to increase the number of state full-time employees, to perform the functions assigned to them in CD policy related to Psychotropic Medications, including but not limited to, informed consent and engagement in the secondary review process where indicated. The Children's Division will conduct an annual survey of a statistically representative sample of Case Management Staff to assess their self-reported ability to perform the functions assigned to them in Children's Division policy related to psychotropic medications. In addition, the Children's Division will conduct an annual survey of a statistically representative sample of Licensed Resource Providers and Prescribers, to assess the availability of Case Management Staff for the purposes of providing informed consent, getting children to medical appointments, and engaging in secondary psychotropic medication reviews. The purpose of this report is to provide the results of each survey. This report will be posted on the Children's Division website on or before February 15, 2024 and a notice of the posting will be sent to the Plaintiffs' Counsel.

Definitions: The following is a list of terms that are referenced in the surveys:

- A. "Alternative Care" refers to a child under the age of 18 in foster care.
- B. "Case Management Staff" refers to Children's Division, Foster Care Case Management staff member(s) and/or the Case Manager's supervisor assigned to manage the case of a child persons under the age of 18 in foster care.
- C. "Family and Children Electronic System (FACES)" is the Comprehensive Child Welfare Information System developed to provide an automated, integrated case management tool for Children's Division Staff.
- D. "Family Support Team (FST)" is a meeting convened by the division or children's services provider on behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement and developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan.
- E. "Informed Consent" is the agreement to any medical or behavioral health treatment (such as a medical service or procedure) given after the child, parent, and/or legal custodian has had the opportunity to receive sufficient information about its risks and benefits. Consent must be granted or withheld, after receiving all necessary information, based upon what is in the best interests of the child.
- F. "Licensed Resource Providers" refers to individuals, including relatives, who have a state issued license and provide foster care to children placed in the legal custody of Children's Division.
- G. "Mandatory Reviews" If the recommended prescription of a psychotropic medication meets specific criteria, Children's Division will send a referral prior to consent to the State Clinical Consultant to review the psychotropic medication treatment and provide Children's Division with their findings and recommendations.
- H. "OnBase" is a document imaging system where documents for children in foster care are maintained.
- I. "Prescribers" refers to medical professionals who have the authority to prescribe or write an order for a patient's medication and/or treatment.
- J. "Secondary Review" means a referral by Case Management Staff for a secondary review by a qualified psychiatrist of a child's case if the staff member has concerns about psychotropic medications being prescribed for the child. Other members of the Family Support Team, including the child's parents (if their rights have not been terminated) or legal guardian, the child's attorney/guardian ad litem, the child's resource provider, and the juvenile officer, may also submit a request to refer a case for secondary review of the child's psychotropic medications.

Survey Overview

Survey Development

For the 2022 survey, the Children's Division consulted with a contracted vendor who has experience in the development of various types of surveys and with the Psychotropic Medication Advisory Committee (PMAC). The primary purpose of the requests for consultation was to obtain any information i.e., survey configuration, structure of the questions, or other factors, that could increase the number of participants who would complete the entire survey. The Children's Division utilized the same information i.e., survey configuration and structure of the questions for the 2023 survey. The survey period was from September 15, 2023 (Case Managers/Licensed Resource Providers) and September 18, 2023 (Prescribers) – December 15, 2023.

Survey Participant Criteria

Case Management Staff: The criteria for representation and participation in the survey combined Children's Division and Foster Care Case Management Agency Case Managers and included any individual currently assigned to a case with an active Alternative Care (e.g., foster care) function. A stratified random standardization of 468 names was based on proportional allocations among regions (e.g., Northeast Region, Northwest Region, St. Louis Region, Southeast Region, Southwest Region, and Kansas City Region).

Licensed Resource Providers: The criteria for representation and participation in the survey for Resource Providers included a stratified random standardization of 507 names for anyone with a child in their care during 2023 who had an active license in one of the following types - foster home, relative home, large family resource home, career parent home, foster/adoptive home, and non-relative kinship home. Each Licensed Resource Provider was asked to report on the child who had been in their care the longest when completing the survey questions.

Prescribers: The criteria for representation and participation in the survey for 853 Prescribers included identified Prescribers who had prescribed a psychotropic medication to a child in foster care from January 2023 – June 2023. Due to Prescriber schedules and the variance in how often a Prescriber might prescribe a psychotropic medication to a child in foster care, Prescribers who claimed billing through Medicaid were selected to participate in the survey.

Survey Process/Results

When the survey period began, all potential participants with a valid e-mail address were sent a notice that informed them of the survey. Each notice included a request for participation and a link to the survey. Participation in the survey was voluntary. All potential participants were sent reminder notices of the surveys throughout the survey period. Participation in each survey was tabulated in a database that is administered and managed by a third party agency outside of the Department of Social Services and Children's Division. At the close of the survey period, the survey results were sent to the Children's Division. The chart below contains the data and results of each survey.

	Survey Group	Total Population	Sample Size	Completed Survey
1	Case Management Staff	1,011	468	177 (38%)
2	Licensed Resource Provider	2,503	507	138 (27%)
3	Prescriber	1,804	853	47 (6%)

- 38% of the Case Management Staff completed the surveys.
Of the 177 Case Management Staff that completed the surveys:
 - 120 (68%) were Children's Division Case Managers
 - 57 (32%) were Foster Care Case Management Agency Case Managers
- 27% of the Licensed Resource Providers completed the surveys.
- 6% of the Prescribers completed the surveys.

The responses to each question in all three surveys are contained in following sections.

Case Management Staff

1. On average, I have full and accurate medical information on each child on my caseload uploaded to OnBase.

Response Categories	Total Number of Responses (177)	Percentage of Responses
Never	12	6.8%
Some of the time	52	29.4%
Half of the time	35	19.8%
Majority of the time	65	36.7%
All of the time	13	7.3%

2. On average, I have provided the Health Care Information Summary (CD 264) to placement providers no later than 30 days of the child's initial placement.

Response Categories	Total Number of Responses (177)	Percentage of Responses
Never	10	5.6%
Some of the time	34	19.2%
Half of the time	26	14.7%
Majority of the time	69	39.0%
All of the time	38	21.5%

3. I have reviewed/monitored the use of psychotropic medications for children on my caseload who are in foster care through the use of supervisor consultations at least every three months?

Response Categories	Total Number of Responses (178)	Percentage of Responses
Never	10	5.6%
Some of the time	14	7.9%
Half of the time	10	5.6%
Majority of the time	57	32.0%
All of the time	72	40.4%
N/A No children on Psychotropic Medications	15	8.4%

4. Children on my caseload have received secondary/mandatory reviews with the Center for Excellence per policy?

Response Categories	Total Number of Responses (178)	Percentage of Responses
Never	11	6.2%
Some of the time	23	12.9%
Half of the time	9	5.1%
Majority of the time	56	31.5%
All of the time	56	31.5%
N/A – Review not required	23	12.9%

5. When I have received recommendations from the Center for Excellence I have considered those recommendations and used them to have a conversation with the child's prescriber.

Response Categories	Total Number of Responses (178)	Percentage of Responses
Never	10	5.6%
Some of the time	17	9.6%
Half of the time	6	3.4%
Majority of the time	35	19.7%
All of the time	90	50.6%
NA-Never had a review from the Center for Excellence	20	11.2%

Case Management Staff

6. When I have received recommendations from the Center for Excellence I have attempted to share them with the child's parents/legal guardians, if contact information is known and it is in the child's best interests.

Response Categories	Total Number of Responses (177)	Percentage of Responses
Never	6	3.4%
Some of the time	6	3.4%
Half of the time	7	4.0%
Majority of the time	47	26.6%
All of the time	89	50.3%
NA- Never had a review from the Center for Excellence	22	12.4%

7. If the parents are restricted from receiving the recommendations from the Center for Excellence, I provided them a denial letter, CD 280.

Response Categories	Total Number of Responses (177)	Percentage of Responses
Never	32	18.1%
Some of the time	11	6.2%
Half of the time	5	2.8%
Majority of the time	14	7.9%
All of the time	30	16.9%
NA-TPR occurred or never completed a review from the Center for Excellence	85	48.0%

8. I have provided informed consent and completed a CD 275 for any child in foster care regarding the use of psychotropic medications.

Response Categories	Total Number of Responses (174)	Percentage of Responses
Never	3	1.7%
Some of the time	7	4.0%
Half of the time	6	3.4%
Majority of the time	54	31.0%
All of the time	95	54.6%
NA-No youth on psychotropic medication	9	5.2%

9. For every informed consent decision I have engaged the child's FST members within 10 days of the decision and documented this engagement in FACES.

Response Categories	Total Number of Responses (173)	Percentage of Responses
Never	18	10.4%
Some of the time	36	20.8%
Half of the time	19	11.0%
Majority of the time	61	35.3%
All of the time	39	22.5%

Case Management Staff

10. When making an informed consent decision regarding a child prior to TPR I have attempted to engage their parents by making two attempts on two different days to contact them and documented these attempts in FACES.

Response Categories	Total Number of Responses (175)	Percentage of Responses
Never	6	3.4%
Some of the time	10	5.7%
Half of the time	8	4.6%
Majority of the time	60	34.3%
All of the time	91	52.0%

11. Any time a parent was opposed to the informed consent decision I initiated a referral to the Center for Excellence.

Response Categories	Total Number of Responses (175)	Percentage of Responses
Never	9	5.1%
Some of the time	6	3.4%
Half of the time	2	1.1%
Majority of the time	16	9.1%
All of the time	64	36.6%
NA-Parent not opposed	78	44.6%

12. I have been able to communicate with the prescriber to obtain additional information regarding the recommendations of psychotropic medication usage in a timely manner (2-3 business days).

Response Categories	Total Number of Responses (176)	Percentage of Responses
Never	14	8.0%
Some of the time	27	15.3%
Half of the time	20	11.4%
Majority of the time	71	40.3%
All of the time	44	25.0%

13. I have obtained informed assent from any child in foster care 12 or older regarding the use of psychotropic medications and allowed them to sign the CD 275.

Response Categories	Total Number of Responses (175)	Percentage of Responses
Never	11	6.3%
Some of the time	10	5.7%
Half of the time	9	5.1%
Majority of the time	49	28.0%
All of the time	78	44.6%
NA-No children on psychotropic medications 12 or older	18	10.3%

Licensed Resource Providers

1. How many foster children (age 0-17 years) in your home have been on psychotropic medication since January 2023?

Response Categories	Total Number of Responses (161)	Percentage of Responses
0	98	60.9%
1	35	21.7%
2	14	8.7%
3	6	3.7%
4 or more	8	5.0%

2. How long was the child you are reporting on in your care?

Response Categories	Total Number of Responses (52)	Percentage of Responses
Less than 3 months	4	7.7%
3-6 months	3	5.8%
6 months to 1 year	16	30.8%
Year to year and a half	5	9.6%
Year and a half to 2 years	4	7.7%
Two plus years	20	38.5%

3. On average, the case manager attended the child's medical appointment about psychotropic medication either in person or by phone or spoke to the prescriber prior to the appointment if the case manager was not able to attend the scheduled appointment.

Response Categories	Total Number of Responses (52)	Percentage of Responses
Never	24	46.6%
Some of the time	5	9.6%
Half of the time	1	1.9%
Majority of the time	12	23.1%
All of the time	10	19.2%

4. If assistance was needed to transport the child to their medical appointment the case manager was available/willing to do so.

Response Categories	Total Number of Responses (52)	Percentage of Responses
Never	18	34.6%
Some of the time	1	1.9%
Half of the time	0	0.0%
Majority of the time	5	9.6%
All of the time	12	23.1%
NA-Never Necessary	16	30.8%

5. I was able to get in contact with a case manager within 24 hours after recommendation to begin a new psychotropic medication.

Response Categories	Total Number of Responses (51)	Percentage of Responses
Never	6	11.8%
Some of the time	3	5.9%
Half of the time	2	3.9%
Majority of the time	19	37.3%
All of the time	21	41.2%

Licensed Resource Providers

6. The case manager responded within 2-3 business days when an informed consent decision was required.

Response Categories	Total Number of Responses (50)	Percentage of Responses
Never	4	8.0%
Some of the time	5	10.0%
Half of the time	2	4.0%
Majority of the time	13	26.0%
All of the time	26	52.0%

7. The case manager requested a secondary review from the Center for Excellence when necessary.

Response Categories	Total Number of Responses (45)	Percentage of Responses
Yes	14	31.1%
No	5	11.1%
I don't know	13	28.9%
NA-Review not needed	13	28.9%

8. If a secondary review was completed the case manager shared the recommendations with me.

Response Categories	Total Number of Responses (46)	Percentage of Responses
Never	9	19.6%
Some of the time	1	2.2%
Half of the time	0	0.0%
Majority of the time	3	6.5%
All of the time	13	28.3%
NA-Review Not Needed	20	43.5%

Prescribers

1. Which setting do you prescribe psychotropic medication?

Response Categories	Total Number of Responses (60)	Percentage of Responses
Inpatient	7	11.7%
Outpatient	48	80.0%
Both	5	8.3%

2. On average, the case manager attended the child's medical appointment either in person or by phone or spoke to the prescriber prior to the appointment if the case manager was not able to attend the scheduled appointment.

Response Categories	Total Number of Responses (59)	Percentage of Responses
Never	31	52.2%
Some of the time	12	20.3%
Half of the time	5	8.5%
Majority of the time	6	10.2%
All of the time	5	8.5%

Prescribers

3. On average, I was able to get in contact with a case manager within 24 hours after a recommendation to begin a new psychotropic medication.

Response Categories	Total Number of Responses (49)	Percentage of Responses
Never	16	32.7%
Some of the time	14	28.6%
Half of the time	5	10.2%
Majority of the time	11	22.4%
All of the time	3	6.1%

4. On average, the case manager responded within 2-3 business days when an informed consent decision was required.

Response Categories	Total Number of Responses (49)	Percentage of Responses
Never	11	22.4%
Some of the time	12	24.5%
Half of the time	6	12.2%
Majority of the time	15	30.6%
All of the time	5	10.2%

5. The case manager discussed the Center for Excellence recommendations with me if a secondary review was completed.

Response Categories	Total Number of Responses (46)	Percentage of Responses
Never	16	34.8%
Some of the time	4	8.7%
Half of the time	1	2.2%
Majority of the time	3	6.5%
All of the time	3	6.5%
N/A – Review not required	19	41.3%